UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

FILED

Page 1 of 3

ANTHONY NESBIT,

Plaintiff - Appellant.

V.

DEPARTMENT OF PUBLIC SAFETY, STATE OF HAWAII; et al.,

Defendants - Appellees.

No. 06-16428

CATHY A. CATTERSON, CLERK U.S. COURT OF APPEALS

D.C. No. CV-03-00455-SOM District of Hawaii, Honolulu

ORDER

A review of the district court docket reflects that appellant was permitted to proceed in forma pauperis in the district court, and that such permission has not been revoked to date. Consequently, appellant's forma pauperis status continues in this court. Fed. R. App. P. 24(a). Pursuant to 28 U.S.C. § 1915(b)(1) and (2), however, appellant must pay the full amount of the filing and docketing fees for this appeal when funds are available in appellant's account.

Consequently, within 21 days after the filing date of this order, appellant shall complete and **file with this court** the enclosed authorization form, which directs the prison officials at appellant's institution to assess, collect, and forward to the court the \$455 filing and docketing fees for this appeal on a monthly basis whenever funds exist in appellant's trust fund account. These fees will continue to

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CLERK US DISTRICT COURT



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be collected regardless of the date or manner of disposition of this appeal. 28 U.S.C. § 1915(b)(2) and (e)(2).

If appellant fails to comply with this order, the appeal may be dismissed by the Clerk under 9th Cir. R. 42-1.

For the Court:

CATHY A. CATTERSON Clerk of the Court

Jo Ann Comstock, Deputy Clerk

9th Cir. R. 27-7

General Orders/Appendix A

I, <u>Anthony Nesbit</u>, am the appellant in <u>Nesbit v. Dept. Public Safety, et al</u>, docket number <u>06-16428</u>.

I understand that I am required by statute to pay the full amount of the \$455 docketing and filing fees for this appeal, regardless of my forma pauperis status, and regardless of the disposition of this appeal. I hereby authorize the prison officials at this institution to assess, collect, and forward to the district court the full amount of these fees, in monthly increments based on 20 percent of the average of deposits to or balance in my prison trust account. I understand that I am not responsible for payment when there are no deposits or funds in my trust account, but that payments will resume when such deposits are made or funds are otherwise available.

NAME
SIGNATURE
DOCKET NO.
 PRISONER I.D. NO.
 PRISON FACILITY
ADDRESS
DATE